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# UTILITY PATENT APPLICATION TRANSMITTAL

(only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

JBP438

First Named Inventor or Application Identifier

Compositions and Methods For Regulating Phagocytosis And ICAM-1 Expression

Express Mail Label No.

TB150747971US

## APPLICATION ELEMENTS

## ADDRESS TO:

Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

See MPEP Chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (attached hereto in duplicate)
2. ☒ Specification [Total Pages 61]  
(Preferred arrangement set forth below)
- Descriptive Title of the Invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R&D
  - Reference to Microfiche Appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
3. ☒ Drawing(s) (35 USC 113) [Total Sheets 16]
4. Oath or Declaration
- a. ☐ Newly executed (original or copy)
  - b. ☒ Unexecuted original
  - c. ☐ Copy from a prior application (37 CFR 1.63(d))  
(for continuation/divisional check boxes 5 and 16)
    - i. ☐ Deletion of Inventor(s)  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
5. ☐ Incorporation by Reference  
(useable if Box 4c is checked)  
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4c, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

6. ☐ Microfiche Computer Program (Appendix)
7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
- a. ☐ Computer Readable Copy
  - b. ☐ Paper Copy (identical to computer copy)
  - c. ☐ Statement verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

8. ☐ Assignment Papers (cover sheet & document(s))
9. ☐ 37 CFR 3.73(b) Statement (when there is an assignee) ☐ Power of Attorney
10. ☐ English Translation Document (if applicable)
11. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
12. ☐ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
14. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)

15. ☐ Other:

16. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

☐ Continuation ☐ Divisional ☐ Continuation-in-Part (CIP) of prior application No:

17. For this divisional application, please cancel original Claims of the prior application before calculating the filing fee.

## 18. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label

or ☒ Correspondence Address below

Name: Audley A. Ciamporocero, Jr., Esq.

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## 19. TELEPHONE CONTACT

Please direct all telephone calls or telefaxes to Andrea L. Colby at:

Telephone: (732) 524-2792

Fax: (732) 524-2808

## 19. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME

Reg. No. 30,194

SIGNATURE

DATE

December 4, 1998

|                        |                          |        |
|------------------------|--------------------------|--------|
| <b>FEE TRANSMITTAL</b> | <i>Complete if Known</i> |        |
|                        | Application Number       |        |
|                        | Filing Dat               |        |
|                        | First Named Inventor     |        |
|                        | Group Art Unit           |        |
|                        | Examiner Name            |        |
|                        | Attorney D cket Number   | JBP438 |

## FEE CALCULATION

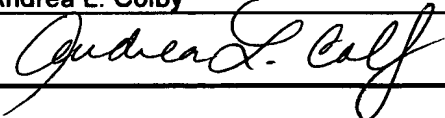
### CLAIMS AS FILED

| (1)                       | (2)                                 | (3)          | (4)        | (5)                    |
|---------------------------|-------------------------------------|--------------|------------|------------------------|
| FOR:                      | NUMBER FILED                        | NUMBER EXTRA | RATE       | BASIC FEE<br>\$ 790.00 |
| TOTAL CLAIMS              | 179- 20 =                           | 159          | x 22.00    | \$3,498.00             |
| INDEPENDENT CLAIMS        | 11- 3 =                             | 8            | x 656.00   | \$ 656.00              |
| MULTIPLE DEPENDENT CLAIMS | <input checked="" type="checkbox"/> | N/A          | \$270.00   | \$ 270.00              |
|                           |                                     |              | TOTAL FEES | \$5,214.00             |

## METHOD OF PAYMENT

☒ Please charge Deposit Account No. 10-0750/JBP438/ALC in the amount of \$5,214.00.  
Three copies of this sheet are enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/JBP438/ALC. Three copies of this sheet are enclosed.

|                       |                                                                                     |                                              |
|-----------------------|-------------------------------------------------------------------------------------|----------------------------------------------|
| <b>SUBMITTED BY:</b>  |                                                                                     | <i>Complete (if applicable)</i>              |
| Typed or Printed Name | Andrea L. Colby                                                                     | Reg. No. 30,194                              |
| Signature             |  | Date: 12/4/98<br>Deposit Account No. 10-0750 |